

Mail to:
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Division of Solid and Hazardous Waste
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UTAH DIVISION OF
SOLID & HAZARDOUS WASTE

2006 SOLID WASTE LANDFILL ANNUAL REPORT

For Calendar year 2005 or most recent fiscal year

Administrative Information

Facility Name: 3-Mile Landfill
Facility Mailing Address: 1755 South Hoytsville Road
(Number & Street, Box and/or Route)
City: Coalville, State: UT Zip Code: 84017
County: Summit
Contact's Name: Kevin Callahan Phone No.: (435) 336-3978
Title: Public Works Administrator
Contact's Mailing Address: P.O. Box 128 Coalville, UT 84017
Contact's Email Address: kcallahan@co.summit.ut.us

Owner

Name: Summit County Phone No.: (435) 336-3970
Mailing Address: 1755 South Hoytsville Road
(Number & Street, Box and/or Route)
City: Coalville, State: UT Zip Code: 84017

Operator (Complete this section only if the operator is not an employee of the Owner shown above)

Name: Same Phone No.: ()
Mailing Address: _____
(Number & Street, Box and/or Route)
City: _____, State: _____ Zip Code: _____

Facility Type and Status

<input checked="" type="checkbox"/> Class I	<input type="checkbox"/> Class IIIb	<input type="checkbox"/> Class V
<input type="checkbox"/> Class II	<input type="checkbox"/> Class IVa	<input type="checkbox"/> Class VI
<input type="checkbox"/> Class IIIa	<input type="checkbox"/> Class IVb	

Does the facility have a construction and demolition (C/D) cell as part of the permit (not operated under a separate permit number)? Yes _____ No _____

If facility was permanently closed during the year enter date closed: _____

Annual Disposal

Total facility tons: 65,378.36 or cubic yards: _____

If separate tonnages are available

Municipal tons: N/A or cubic yards: _____

C/D tons: N/A or cubic yards: _____

Industrial tons: N/A or cubic yards: _____

Conversion Factor used

- ☐ No conversion factors used
☐ Conversion factor from rules (R315-302-2(4)(c)) used
☐ Site specific conversion used Please list: _____

Tons Recycled: N/A

Cubic Yards Recycled: N/A

Financial Assurance

Current Closure Cost Estimate: _____

Current Post-Closure Cost Estimate: _____

Current Financial Assurance Mechanism: _____

(ie. Bond, Trust Fund, Corporate or government Test etc.)

Financial Assurance Mechanism Holder: _____

(ie. Name of Bond Company, Bank etc.. If PTIF Account give account number)

Current Amount or Balance in Mechanism: _____

Other Required Reports

Financial Assurance: Each facility must recalculate the cost of closure and post-closure care to account for inflation and design changes each year. The recalculation, along with proof that the new cost estimates are fully covered by the assurance mechanism currently be utilized, must be submitted. Facilities that are using a trust account should include a copy of the most recent account statement.

Note Facilities using "Local Government Financial Test" must provide the information required in R315-309-3(7)(d) each year.

Ground Water Monitoring: Each facility that is required to monitor ground water must submit a ground water monitoring report that contains water elevations, sampling results, and statistical analyses. Check box if facility is exempt from ground water monitoring ☐

Explosive Gas Monitoring: A gas monitoring report must be included unless the facility is a Class II landfill that has receive an exemption, a Class III, IV, or VI landfill, or any other facility that has an exemption. Check box if facility is exempt from gas monitoring ☐

Training Report: A report of all training programs or procedures completed by facility personnel during the year.

Signature: Kevin Callahan

Date: MARCH 8, 2004

Signature should be by an executive officer, general partner, proprietor, elected official, or a duly authorized representative. A duly authorized representative must meet the requirements of the solid waste rules (UAC R315-310-2(4)(d)).

Print name: Kevin Callahan

Title: Public Works Administrator